



Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU65PS923744-03-01

FAIN# NU65PS923744

Federal Award Date: 01/31/2025

## Recipient Information

### 1. Recipient Name

LONG ISLAND CRISIS CENTER INC  
2740 Martin Ave  
Bellmore, NY 11710-3268  
5166799000126

### 2. Congressional District of Recipient

04

### 3. Payment System Identifier (ID)

### 4. Employer Identification Number (EIN)

### 5. Data Universal Numbering System (DUNS)

### 6. Recipient's Unique Entity Identifier (UEI)

### 7. Project Director or Principal Investigator

Mr. Devon Zappasodi  
dzappasodi@liccpfy.org  
516-679-9000

### 8. Authorized Official

Ms. Theresa Buhse  
Tbuhse@longislandcrisiscenter.org  
516-826-0244

## Federal Agency Information

CDC Office of Financial Resources

### 9. Awarding Agency Contact Information

Mr. Keith Preciados  
Grants Management Specialist  
zpw9@cdc.gov  
770-488-5392

### 10. Program Official Contact Information

Mr. Lennie William Lyons  
Program Officer  
szv7@cdc.gov  
404-718-2581

## Federal Award Information

### 11. Award Number

6 NU65PS923744-03-01

### 12. Unique Federal Award Identification Number (FAIN)

NU65PS923744

### 13. Statutory Authority

This program is authorized under Sections 301 and 318(a) of the Public Health Service Act; 42 USC Sections 241 and 247c(a), as amended.

### 14. Federal Award Project Title

Comprehensive High-Impact HIV Prevention Programs for Young Transgender Persons of Color in Queens, Nassau, and Suffolk Counties

### 15. Assistance Listing Number

93.939

### 16. Assistance Listing Program Title

HIV Prevention Activities\_Non-Governmental Organization Based

### 17. Award Action Type

Terminate

### 18. Is the Award R&D?

No

## Summary Federal Award Financial Information

19. Budget Period Start Date 04/01/2024 - End Date 01/31/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$400,000.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$400,000.00

26. Period of Performance Start Date 04/01/2022 - End Date 01/31/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$1,200,000.00

### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

### 29. Grants Management Officer - Signature

Ms. Stephanie Latham  
Team Lead, Grants Management Officer

## 30. Remarks



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

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**Congressional District of Recipient**

04

**Payment Account Number and Type****Employer Identification Number (EIN) Data****Universal Numbering System (DUNS)****Recipient's Unique Entity Identifier (UEI)****31. Assistance Type**

Cooperative Agreement

**32. Type of Award**

Other

**33. Approved Budget**

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$239,491.00
b. Fringe Benefits	\$48,010.00
c. Total Personnel Costs	\$287,501.00
d. Equipment	\$0.00
e. Supplies	\$16,034.00
f. Travel	\$6,705.00
g. Construction	\$0.00
h. Other	\$89,760.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$400,000.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$400,000.00
m. Federal Share	\$400,000.00
n. Non-Federal Share	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-93908J1	22NU65PS923744	PS	41.51	93.939	\$0.00	75-22-0950
2-9390JS5	22NU65PS923744	PS	41.51	93.939	\$0.00	75-22-0950
3-93908J1	22NU65PS923744	PS	41.51	93.939	\$0.00	75-23-0950
3-9390JS5	22NU65PS923744	PS	41.51	93.939	\$0.00	75-23-0950
4-93908J1	22NU65PS923744	PS	41.51	93.939	\$0.00	75-24-0950
4-9390JS5	22NU65PS923744	PS	41.51	93.939	\$0.00	75-24-0950



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**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

## **AWARD ATTACHMENTS**

LONG ISLAND CRISIS CENTER INC

6 NU65PS923744-03-01

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1. Terms

## **TERMS AND CONDITIONS OF AWARD**

**Termination:** The purpose of this amendment is to terminate this award in accordance with the President's Executive Order, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to Federal Government and Office of Personnel Management guidance issued January 29, 2025.

No additional activities can be conducted, and no additional costs may be incurred. Un-obligated balances will be de-obligated.

**Closeout:** Submit all closeout reports identified below within 120 days of the period of performance end date of January 31, 2025. Submit the documentation as a "Grant Closeout" amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR PART 75.371.

**Final Performance/Progress Report:** This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following: • Statement of progress made toward the achievement of originally stated aims. • Description of results (positive or negative) considered significant. • List of publications resulting from the project, with plans, if any, for further publication.

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

**Equipment and Supplies - Tangible Personal Property Report (SF-428):** A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$5,000 or more. If no equipment was acquired under the award, a negative report is required